No. 300
10.48

FILED JAN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4489

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 303 Alabama

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, Mo.
d. STREET ADDRESS (If rural, give location): 303 Alabama St, 1003

3. NAME OF DECEASED (Type or Print)
a. (First): Travis
b. (Middle): xxxxxxx
c. (Last): Moffit

4. DATE OF DEATH (Month) (Day) (Year): Jan, 18, 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb, 2, 1887
9. AGE (In years last birthday): 66
If under 1 year: Months: 11 Days: 15 Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): xxxxxxxx
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and State or Foreign Country): Tenn.
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: Ben Moffit
13b. MOTHER'S MAIDEN NAME: Para Lee Pearson
14. NAME OF HUSBAND OR WIFE: Otha Moffit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Otha Moffit 303 Alabama St, Sikeston. Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 490X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 Jan, 1953, *to* 18 Jan, 1953, *that I last saw the deceased alive on* 18 Jan, 1953, *and that death occurred at* 7:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: John L. Sample (Degree or title) M.D
23b. ADDRESS: 1212 Maud St
23c. DATE SIGNED: 18 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 1-25-53
24c. NAME OF CEMETERY OR CREMATORY: Smith West End Court
24d. LOCATION (City, town, or county) (State): West of Sikeston Mo.

DATE REC'D BY LOCAL REG.: 1-20-53
REGISTRAR'S SIGNATURE: Mrs Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Fred Smith 1212 Maud St

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 26 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 153-14

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.